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employed about 300 local residents full time and about 600 on a casual basis.

The Department of Indian and Northern Affairs also supports Canadian Arctic Producers as the central marketing service for the art-producing co-operatives of the N.W.T. Sales by this company have increased from over \$1 million in 1970 to over \$2.5 million in 1974.

#### Health and social development

The basic N.W.T. social and welfare programs are comparable to those of the provinces. They are provided mainly by the territorial government, some responsibilities for health care for the Inuit and other residents being shared with the Federal Government. The N.W.T. has hospitalization and medical services similar to those available in the provinces, at no cost to residents. Health facilities range from modern hospitals in larger centres to nursing stations in the small communities. While sophisticated medical care is available only in the hospitals, professional attention is available to all people, and arrangements exist to transport the sick to southern facilities in cases of emergency. Dramatic improvements in the rates of infant mortality and respiratory diseases have occurred among the Inuit, but the harsh climate and the low economic status of many natives still take a heavy toll. Infant mortality was lowered from 53.7 a 1,000 in 1969 to 27.77 a 1,000 in 1973. Venereal disease is still widespread, and is associated in many instances with the influx of workers from Southern Canada.

The aims of the social development program are to reduce infant-mortality rates and to continue efforts to combat tuberculosis, venereal disease and other communicable diseases. The Department of National Health and Welfare has principal responsibility in these areas; results, however, are dependent on other factors, such as better housing, improved water- and waste-disposal systems and home-management programs, all of which fall within the jurisdiction of the territorial government.

Although sporadic outbreaks of tuberculosis still occur, there has been a large reduction in the number of new cases reported each year. For example, T.B. declined among the Inuit from 103 cases in 1969 to only 17 cases in 1973. The treatment of most T.B. patients is now given mainly in the North, where surveillance is also maintained over old cases and new-case contacts. Most Eskimos are now willing to report to the medical authorities if they suspect they have T.B., whereas previously they were unwilling to take tests or undergo X-rays, since these forms of treatment meant leaving home, relatives and native food for long periods. The new approach also

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